

1764

State File No. 91, Gila Co.

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Gila No. _____ St. _____
(Registration District)

| | | | |
|--|------------------------------|-----|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| <u>female</u> | | | |
| DATE OF BIRTH* <u>Feb.</u> <u>12</u> <u>1911</u> (Month) (Day) (Year) | | | |
| FULL NAME <u>Alfred Reed</u> FATHER | | | |
| FULL MAIDEN NAME <u>Eliza Ellen Andrews</u> MOTHER | | | |

I HEREBY CERTIFY that the child described herein has been named

Rose Adele Reed

(Give name in full)

(Surname)

Alfred Reed
(Parent's Signature)

Dr. John Bacon
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

Original does not state the
Middle name - Adele.
MARGIN RESERVED FOR BINDING
USE PERMANENT INK

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.
From the discharge of the mother out of the baby's eyes.